

1200 Madison Avenue, Suite 100
Indianapolis, IN 46225
Phone: (317) 327-4316
Fax: (317) 327-0817
License: \$57.00
Local Fingerprint: \$10.00



**APPLICATION FOR
TICKET BROKER LICENSE**

Name of Applicant: _____ Phone Number: _____

Address Applicant: _____ Zip Code: _____

Email Address: _____

Business Name: _____ Phone Number: _____

Address of Business: _____ Zip Code: _____

Date of birth: _____ Place of birth: _____

Are you a citizen of the United States? _____ If not U.S., list country of citizenship: _____

Have you ever been arrested or convicted of a felony or misdemeanor? Yes _____ No _____

If so, list type of conviction and jurisdiction: _____

List the date of filing, court and description of each charge **pending** against the applicant alleging
a violation of law: _____

Was any previous license held in other states ever revoked or suspended: Yes _____ No _____

List the place of residence for the five (5) years immediately preceding the date of the filing of the application.

Address: _____ Length of time at address: _____

Address: _____ Length of time at address: _____

Address: _____ Length of time at address: _____

Address: _____ Length of time at address: _____

Please indicate that you agree or disagree by marking yes or no for the following:

1. Licensee is in good standing and has not had any license or registration to operate a business revoked or suspended:
Yes_____ No_____
2. Licensee is current with all City, County and State for any taxes, license fees, or any other indebtedness:
Yes_____ No _____
3. Licensee agrees to comply with the Revised Code of Indianapolis and Marion County and all other applicable laws ordinances, regulations, orders and decisions of public officials:
Yes _____ No _____
4. Licensee understands that the license may be suspended or revoked, and the licensee will be subject to prosecution if any applicable law, ordinance, regulation, order or decision is violated:
Yes _____ No _____
5. Licensee agrees to give the Department of Code Enforcement written notice once the business ceases to exist:
Yes _____ No _____
6. Licensee agrees to give the Department of Code Enforcement written notice if there is any change in the licensed business during the term of the license such that the information provided in the application form is no longer complete or accurate within 30 days after such change occurs
Yes_____ No _____

The undersigned affirms under penalty for perjury that the answers, representations and information provided in this application are true and correct.

Signature

Name Printed

Date Signed